APPLICATION FOR BOAT SEWAGE DISPOSAL FACILITY CLEAN VESSEL ACT FUNDING

TO: Washington State Parks & Recreation Commission

Clean Vessel Grant Program 1111 Israel Road SW Olympia, WA 98504-2654

	Name of	Marina, Compan	y, Individual, Trib	e, or Agency
Ownership of Marina:	Public	Private	Tribal	
Marina Owner/Project	Coordinator/Co	ontact Name & Po	sition Title	Telephone
Mailing Address (P.O.	Box if applicab	ole for mailing)		
Mailing Address City/S	State/Zip +4			
Physical Location (Stre	eet Address)			
Physical Location City	/State/Zip +4			
Fax Number		E-mail A	ddress	
Federal ID		τ	JBI Number	
☐ Add equipment to ☐ Placing Floating I ☐ Request for opera ☐ Equipment replac ☐ Equipment repair	Restroom tion & mainte ement		subject to availal	oility of funds)
2.) Equipment to be ☐ Pumpout and dum ☐ Dump Station only ☐ Barge Unit with po	p station y	_		s) below: Pumpout Only
☐ Portable Pumpout ☐ Other (dock space	, sewer hook u	ıp, holding tanks	a, etc)	Floating Restroom
□Request for operation/Real 3.) Explanation/Real				iity of funds)
5.) Explanation/Rea	asoming for Te	equest for fundi	ing.	

Note:

In submitting this application for Clean Vessel Funds, we are aware that the grant/contract, if approved, will be paid on a reimbursement basis on acceptance of the project by State Parks. We hereby certify availability of the necessary matching contributions through project expenditures, in-kind services, and/or volunteer contributions. We agree to furnish the initial funding to complete the entire project identified in this application.

We are also aware that this document is a grant application only and does not authorize expenditure of funds. A completely executed contract must be on file with WA State Parks before any expenditure that is incurred.

The construction and/or Operation and Maintenance agreement may be cancelled at any time by State Parks should federal grant funding no longer be available.

Signature of Authorized I	Representative		Date
	•		
Name and Title			
	I. Genera	al Information	
Marina NOAA Chart Coo	ordinates (at center of harbor area	a):	
Latitude:	Longitude:	GPS: Latitu	ide:
Longitude:			
Facility Use: Number of	slips Annual Us	e: Under 26'over 2	26'
If your facility is not oper	year round give dates when ope	ening and closing: Open Y	Year round
Opening Date	Closing Date		
Commercial services avai	lable at or near marina:		
Gas Repai		Upland Restroom	Restaurant

If you are just replacing existing equipment, you may contract with a vendor to provide the equipment and installation, or purchase the equipment from a vendor and have someone else who is qualified put the equipment in place.

If you will need additional funding for electrical wiring, plumbing, new floats, repairing existing dock or float, cover for new equipment, or any other item which will be necessary to complete this project, please indicate the amount on the Estimated Cost sheet, page 5.

II. Evaluation Questions

The following information along with your project design will be used by the Boating Environmental Committee to evaluate your application:

1. Nearest pumpouts/dump stations to this facility:	
Name:	Distance:
Name:	Distance:
Estimated moorage within one mileEstimat	ted launch sites within one mile
2. Will you be participating with any other entities (priagencies) to operate and maintain this facility?	ivate businesses, non-profit organizations, or governmental
Yes: Name of Organization	No
3. Will this facility be an innovative project in some w allows more than the usual single user of pumpout at or	ray (i.e. first barge unit in your local area; or a facility which ne time, etc.)?
Yes: Describe innovation:	
□ No	
4. Is Project in a county that is listed in the Boat Sewag	
If it is not listed, will it contribute to the statewide network peak marina use?	work of facilities or provide equipment to use during times of
Yes	□ No
5. Is facility in an environmentally sensitive area as de	signated by State Parks?
□Yes □ No	
Or, describe the body of water your facility is located of Characteristics, check all that apply:	on and indicate any of the following Resource Sensitivity
Name of Body of Water	
Limited Flushing Shallow Water Commerci Swimming Area Diverse Species Inhabiting Arcleanup Other	ea 🗖 Absence of Pollution 📮 Polluted area needing
There are several ways in which a project might qualify more of your own funds to complete the project which projects; or, you might be able to combine the installati	for the lowest cost to the greatest number (cost benefit ratio). y, for example: as project sponsor you are willing to put in allows the federal funding we administer to be used in more ion of the pumpout equipment with another project and save either the state or the project sponsor provide a cost savings.
Will this project provide a cost savings either to the sta	te or the project sponsor?
Plassa avnlain	

III. Permits

One or more of the following permits may be needed for your project. It is your responsibility to be sure you have the necessary permits. If required, you must attach a copy of the first page showing submittal date. Corps of Engineers Permit Hydraulic Project Approval **Environmental Review Documentation of SEPA Compliance** Letter of Exemption or Determination from Local jurisdiction (please attach a copy) \square Yes **Shoreline Management Act Permits** ☐ Yes \square No Contact person at local jurisdiction office who is responsible for SEPA determinations: Name:______ Title _____ Local Jurisdiction Office: Address: Phone Number ____ E-mail **Example of how to fill out the Estimated Project Cost Sheet** To complete the cost sheet, first determine the cost of the item and then the percentages: New pumpout Total Equipment Cost \$9,000 Match funds are 25% (\$ 2,250) \$ 2,250 Total Applicant Match \$9,000 - 2,250 Total Applicant Match \$6,750 Total State Funds requested. **Example of Estimated Cost Sheet** Name of supplier or contractor (if State Parks Funding Total Examples of Eligible Applicant (75% of Project) Match (25% of Estimated known) Activity/Equipment Project) Costs Engineering (15% of \$ \$ \$ Pumpout Installations, Inc. 2,250 750 3,000 project max)

\$

\$

\$

6,750

1,500

8,250

2,250

500

2,750

\$

Pumpout Equipment

Labor to install

TOTAL

XYZ Company

Marina Staff

9.000

2,000

11,000

\$

\$

This page is the cost estimate on your project.

Marina Name	

Eligible Activity/Equipment	Name of supplier or contractor (if known)	State Parks Funding (75% of Project)	Applicant Match (25% of Project)	Total Estimated Costs
Program Coordination (15% of project total max.)				
Engineering (15% of project total max)				
Permits (list)				
Float/Space				
Piling				
Pumpout Equipment				
Dump Station Equipment				
Forward Lift Station				
Grinder Pump				
Back Flow Prevention Valve				
Pipe & plumbing materials				
Plumbing Labor				
Electrical Materials				
Electrical Labor				
Lumber/Construction materials				
Protective Covering Box				
Sewer Hookup				
Up land holding tank				
Signs (required signs provided by program)				
Misc. Costs (nuts, bolts, paint, etc.)				
Maintenance & Operation for period of the grant				
Other:				
Totals				

You may put your Estimate of Costs on a separate page, but please follow this format.